NEVADA DEPARTMENT OF CORRECTIONS	SERIES 600 HEALTH CARE SERVICES	SUPERSEDES: AR 643 (07/01/93) AR 644 (07/01/93) AR 647 (05/09/89) AR 656 (07/01/93)
ADMINISTRATIVE REGULATIONS MANUAL	ADMINISTRATIVE REGULATION 643 MENTAL HEALTH SERVICES TEMP	EFFECTIVE DATE: 12/17/03

TABLE OF CONTENTS

PURPOSE

To describe the organization and responsibilities of mental health staff within the Department.

To establish general guidelines and standards for mental health care and treatment of inmates housed within the Department.

To establish guidelines for assessment and identification of inmates who require mental health services.

To establish guidelines for required mental health evaluations for inmates housed within the Department, including Initial Classification, Segregation, Parole Board, and Pardons Board evaluations.

To establish procedures for the use of psychotropic medications prescribed for inmates within the Department.

AUTHORITY

NRS 209.131
NRS 433.164
NRS 433.174

RESPONSIBILITY

All Medical Division and Programming staff providing mental health services have the responsibility to have knowledge of and comply with this procedure.

DEFINITIONS

BEHAVIORAL HEALTH PROBLEM – A situational and/or personality problem that may benefit from mental health intervention, usually on an outpatient basis.

EXTENDED CARE UNIT – A designated housing area within a Department institution which provides an intermediate, transitional, or chronic level of mental health services to inmates who do not require inpatient care, but need more care and supervision than that provided for general population inmates.

MEDICAL DIRECTOR – A physician licensed in the state of Nevada and an employee of the State under the administrative direction of the Director of the Department of Corrections, who plans, organizes and directs the statewide delivery of medical services of inmates in the Department.

MEDICAL REVIEW PANEL – A non-judicial hearing panel that determines whether psychotropic medication may be involuntarily administered to an inmate.

MENTAL HEALTH PROFESSIONAL – A psychiatrist, psychologist, psychiatric nurse, or clinical social worker employed by the Department.

MENTAL HEALTH UNIT – A designated housing area within an institution that provides inpatient, acute mental health care to inmates.

MENTAL ILLNESS – Any mental dysfunction leading to impaired ability to maintain oneself and function effectively in one's life situation without external support.

MENTAL RETARDATION – Significantly below average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period.

MULTIDISCIPLINARY TREATMENT TEAM – A group of mental health staff that includes several disciplines: psychiatry, psychology, social work, nursing, substance abuse counseling, and recreation.

ORGANIC IMPAIRMENT – Behavioral and cognitive disorders resulting from brain damage due to a variety of causes, including (but not limited to) injury, substance abuse, or physical illness.

PHYSICIAN'S ORDER – A medical order given verbally to a nurse or in written Form (DOC-2518, Physician's Orders) by a physician, psychiatrist, or mid-level practitioner.

PRESCRIBING MEDICAL PROVIDER – A physician, psychiatrist, or mid-level practitioner who is licensed to prescribe medication to inmates.

PROGRAMS ADMINISTRATOR – The state employee under the administrative direction of the Director of the Department of Corrections who manages correctional programs for inmates in the Department.

PSYCHOTROPIC MEDICATION – Medication prescribed for the treatment and management of psychiatric disorders.

STAFF ADVOCATES – A Departmental mental health professional assigned to help an inmate present a case before a non-judicial hearing panel, such as the Medical Review Panel.

STRUCTURED CARE UNIT – A designated housing unit within the Department for mentally ill inmates who require more supervision and treatment then is available in the Extended Care Unit but less then inpatient mental health care.

APPLICABILITY

This procedure applies to all inmates housed within the Department.

PROCEDURES

643.01 ADMINISTRATION OF MENTAL HEALTH SERVICES

1.1 Organization of Mental Health Staff

1.1.1 The Medical Director has overall authority for planning, organizing, staffing and clinical management of the Department's mental health program.

1.1.1.1 The Medical Director is responsible for maintaining Departmental adherence to professional standards and ethics.

1.1.1.2 The Medical Director is required to monitor the Department's mental health program and has ultimate clinical responsibility for patient care.

1.1.2. The Programs Administrator has authority for planning, organizing and staffing the management of correctional programming, including individual and group therapy, counseling, and inmate instruction and education.

1.1.3 Mental Health Services will be provided by qualified licensed professionals working in both the Medical Division and the Correctional Programs Division of the Department. **(3-4336)**

1.1.4 The Senior Psychiatrist is a licensed physician who has responsibility for diagnostic evaluations, prescribing appropriate psychopharmacological treatment and directing inmate clinical care.

- The Senior Psychiatrist is responsible administratively and clinically to the Medical Director.

1.1.5 The Psychologist IV is a licensed doctoral level position that has the primary responsibility for the administrative management of subordinate mental health staff in a designated region, including Psychologists, Clinical Social Workers, and Psychometrists.

1.1.5.1 The Psychologist IV will work in conjunction with the Medical Director, the Programs Administrator and the Senior Psychiatrists in the recruitment of staff, development of mental health policy, and Quality Improvement to assure the quality of mental health services provided by the mental health staff.

1.1.5.2 The Psychologist IV will be responsible for the timely preparation of monthly statistical reports for the region, coordinating the collection of data through the Psychologist IIIs.

1.1.5.3 The Psychologist IV will have other clinical and programmatic duties as assigned.

1.1.6 The Psychologist III is a doctoral level position that has the responsibility for the administrative management of assigned mental health staff and provides clinical and programming services in the Department.

1.1.6.1 Clinical services include evaluating and diagnosing inmates, development of psychotherapeutic treatment programs, and crisis intervention.

1.1.6.2 Programming services include individual and group therapy and counseling, and instruction and education of inmates.

1.1.6.3 The Psychologist III coordinates multidisciplinary treatment and programming teams and clinical management of inmates.

1.1.7 The Psychologist II is a master's level position and is responsible for the primary delivery of psychological services to inmates.

- Responsibilities include mental health evaluations, inpatient/outpatient caseloads, crisis intervention, psychological testing/assessment, and participation in the multidisciplinary treatment and programming team.

1.1.8 The Clinical Social Worker II is a licensed master's level position that coordinates discharge planning for inmates with serious mental health or medical conditions.

- Responsibilities include coordination with community services and participation in the multidisciplinary treatment and programming team.

1.1.9 The Psychometrist is a bachelor's level position and is responsible for the administration and scoring of a variety of psychological tests at intake and as requested by professional staff.

1.1.10 Psychiatric Nurses and Recreation Therapy Specialists are under the nursing chain of command.

1.1.11 Inmates will not be used to provide mental health care, nor will they handle or have access to medical records. **(3-4340)**

1.2 Records and Reports

1.2.1 Mental health staff will document care provided to inmates in the medical file per medical record documentation guidelines applicable to their discipline.

1.2.2 Mental Health staff will compile statistical information as directed by the Medical Director, including but not limited to:

1.2.2.1 The number of inmates receiving mental health services and the nature of those services.

1.2.2.2 The number of inmates admitted to and discharged from Department Mental Health and Extended Care Units.

1.2.2.3 Diagnoses of inmates treated by mental health staff.

1.2.2.4 The number of inmates prescribed psychotropic medications and the type of medications prescribed.

1.2.2.5 The number of inmates given involuntary mental health treatment, including Mental Health Unit admissions and psychotropic medications.

1.2.2.6 The number and duration of occurrences of suicide watch, seclusion for mental health reasons, and physical restraint for mental health reasons.

1.2.3 Monthly statistical reports will be prepared by the Psychologist IVs, Psychologist IIIs and Director of Nursing Services. These reports will be distributed as directed by the Director, the Medical Director, and/or the Programs Administrator.

- Information from the monthly statistical reports will be used in the preparation of an annual statistical summary of health services, prepared by the office of the Medical Director for the Director. **(3-4328)**

643.02 STANDARDS FOR MENTAL HEALTH CARE

1.1 The goal of mental health services in the Department is to provide for the detection, diagnosis, treatment, and referral of inmates with mental health problems, and to provide a supportive environment during all stages of each inmate's period of incarceration. **(3-4337)**

1.2 All inmates with mental illness, mental retardation, developmental disabilities, a history of mental health treatment or intervention, or with current symptoms, will be identified, evaluated, and have information entered into the medical record and the Nevada Corrections Information System (NCIS).

1.2.1 All inmates arriving at an institution with nursing services will be seen by a Registered Nurse within twenty-four (24) hours of their arrival for a brief medical and mental health assessment. **(3-4344)**

1.2.1.1 Arriving inmates currently on prescribed psychotropic medications will have their medications continued and be referred to an institutional psychiatrist or mid-level practitioner for further evaluation and review.

1.2.1.2 Arriving inmates who appear to be in need of any other mental health intervention will be referred to an institutional psychiatrist, psychologist, psychiatric nurse, or Mental Health Unit as appropriate.

1.2.1.3 Inmates referred for non-emergency mental health care will be evaluated within fourteen (14) days after the date of referral. **(3-4349)**

1.2.1.4 Results of the evaluation will be documented and placed in the inmate's medical file.

1.2.2 It is the responsibility of the institutional psychologists to ensure that the Warden and Associate Wardens are aware of those inmates identified as mentally ill, mentally retarded, or developmentally disabled.

- This will be accomplished through entry of the appropriate information on the Mental Health Classification portion of the Health Classification screen in the Nevada Corrections Information System (NCIS).

1.2.3 Except in an emergency, there will be a joint consultation between the Warden/designee and an institutional psychologist or psychiatrist prior to taking action with an inmate identified as mentally ill, mentally retarded, or developmentally disabled in any of the following areas: **(3-4369)**

1.2.3.1 Housing assignments;

1.2.3.2 Program assignments;

1.2.3.3 Disciplinary measures; and

1.2.3.4 Transfers to other institutions.

1.2.4 When an emergency action has been required, joint consultation to review the appropriateness of the action will take place no later than the next workday.

1.3 The highest priority for mental health treatment includes inmates with mental illness, mental retardation, development disabilities, organic impairment, and those in crisis involving risk of suicide or injury to others.

1.4 The next level of priority for mental health treatment includes inmates who have psychiatric disorders or other behavioral health problems that can safely be treated through outpatient services within the Department.

1.5 Mental health treatment will be given in the least restrictive setting needed to achieve therapeutic effects and maintain the safety of staff and inmates.

1.6 If it becomes necessary to remove inmates from the general population for mental health treatment, they will be returned as quickly as possible to a regular prison setting. This may include an Extended Care Unit or Structured Care Unit, if appropriate.

1.7 In most cases, mental health care, including psychotherapy, counseling, medication and physically intrusive diagnostic procedures, is given only when the inmate consents. **(3-4372)**

1.7.1 Inmates may be involuntarily admitted to a Department Mental Health Unit or administered psychotropic medication under certain conditions outlined in this regulation and the Department's Administrative Regulation 653.

1.8 The Department will observe the confidentiality requirements for mental health evaluations and treatment per state and federal laws. **(3-4377)**

643.03 REQUIRED MENTAL HEALTH EVALUATIONS

1.1 Evaluation for Intake Mental Health Screening and Classification

1.1.1 All incoming offenders will be evaluated by a psychologist at the receiving institution as part of the initial classification process. All inmates with mental illness, mental retardation, developmental disabilities, or other mental health needs will be identified and the evaluation will be used in the classification of the new inmate. **(3-4345)**

1.1.1.1 All newly arrived inmates will be psychologically tested and clinically interviewed to evaluate for suicide potential, symptoms of mental illness, and level of intellectual functioning by institutional psychologists prior to the inmate's initial classification procedures.

- All documentation from this evaluation will be placed in the inmate's medical file.

1.1.1.2 Recommendations from the mental health intake evaluation will be provided to the classification committee within fourteen (14) days of the inmate's arrival, and to the appropriate mental health staff if necessary.

- Inmates may be referred to a Department psychiatrist, psychologist, or Mental Health Unit for further evaluation and treatment when indicated. Inmates referred for non-emergency evaluations must be seen by the appropriate provider within fourteen (14) days of the referral date.

1.1.1.3 Recommendations concerning other problems such as the inmate's level of aggression, potential for escape, and deviant sexual behavior may be made, when well supported by the inmate's historical data.

1.1.1.4 Inmates will be informed of treatment services available, including group and individual counseling, and will be apprised of the procedures necessary to obtain these services.

1.1.1.5 The confidentiality of psychiatric and psychological evaluations will be maintained per federal and state laws.

1.1.2 Inmates will be reevaluated by mental health staff and their mental health classification status changed whenever clinically indicated.

1.2 Segregation Evaluations

1.2.1 Inmates assigned to Administrative or Disciplinary Segregation will be evaluated by an institutional psychologist or psychiatrist for suicide potential and other behavioral health problems within thirty (30) days of segregation, and every ninety - (90) days thereafter as long as they remain segregated. **(3-4244)**

1.2.1.1 Identified mentally ill or mentally retarded inmates placed in Disciplinary or Administrative Segregation will be evaluated by an institutional psychologist within five (5) working days of being placed in segregation, and every thirty (30) days thereafter as long as they remain segregated.

- These inmates are to be evaluated for suicide risk and any increase in psychiatric symptoms.

1.2.2 Recommendations from the segregation evaluation will be provided to the unit caseworker and the appropriate mental health staff when indicated.

1.2.2.1 The psychologist on Form DOC–2572, Segregation Psychological Evaluation, will document results of the evaluation.

1.2.2.2 Segregation evaluations are confidential and become part of the inmate's medical file.

1.3 Parole Board Evaluations

1.3.1 Inmates convicted of crimes involving threatened, attempted, or actual violence; acts of aggression, or use of weapons against victim(s); or inmates identified as mentally ill, developmentally disabled, or mentally retarded, must

have a psychological evaluation completed by an institutional psychologist prior to attending a parole hearing.

1.3.2 Parole Board Evaluations Form DOC–2614 are to be submitted to the Parole Board prior to the inmate's scheduled parole hearing. A copy will be placed in the inmate's medical file.

1.3.3 The AWP or designee will submit a list of inmates who require this evaluation to designated mental health staff.

1.4 Pardons Board Evaluations

1.4.1 Psychiatric and psychological evaluations are required for an inmate accepted to appear before the Pardons Board.

1.4.1.1 These evaluations are to be prepared by institutional psychiatrists and psychologists in the manner and format prescribed by the Medical Director.

1.4.1.2 Evaluations will not include a prediction of recidivism.

1.4.2 Completed Pardons Board evaluations will be forwarded to the Department's Offender Management Administrator.

1.5 Psychological Review Panel

1.5.1 Any inmate convicted under NRS 213.1215 or any inmate convicted of the attempt of any of the above crimes, will not be paroled unless.

1.5.1.1 A Psychological Review Panel consisting of the Director of the Nevada Department of Corrections or designee, Director of the Nevada Division of Mental Health or designee, and a psychiatrist or psychologist licensed in the State of Nevada certifies that the inmate was under observation while confined to the Department and is not a high risk to re-offend.

643.04 USE OF PSYCHOTROPIC MEDICATIONS

1.1 General Medication Procedures

1.1.1 Psychotropic medications for inmates will be prescribed and monitored by a psychiatrist, physician, or mid-level practitioner (prescribing medical provider).

1.1.2 Psychotropic medication will be prescribed only in those situations generally accepted in the medical psychiatric community to be responsive to treatment with that particular medication, and only following a physical

examination and diagnosis of the inmate by the prescribing medical provider. **(3-4342)**

1.1.3 Psychotropic medication will be prescribed only when clinically indicated as one facet of a program of therapy. **(3-4341)**

1.1.4 The need for psychotropic medication should be clearly documented in the inmate's medical record by the prescribing medical provider on Form DOC–2615, Mental Health Evaluation or Form DOC–2585, Mental Health Progress Note.

1.1.5 A Consent for Psychotropic Medication Form DOC–2596 should be completed by the prescribing medical provider and presented for the inmate's signature.

1.1.5.1 Psychotropic medication should be given only after the inmate has given informed consent, except as provided under procedures for involuntary medication as described in Section 1.2 below. Informed consent includes, but is not limited to, discussion of the following:

- The nature of the condition or disorder for which the medication can be expected to be helpful;
- The reasons for taking such medication, including the likelihood of improving or not improving without medication;
- The reasonable alternative treatments, if any;
- Dosage and length of time for treatment;
- The nature and management of anticipated side-effects, short and long term; and
- The need for a signed consent, with the understanding that consent can be withdrawn at any time.

1.1.5.2 A consent signed by the inmate should be obtained for each prescribed psychotropic medication.

1.1.5.3 If an inmate refuses to sign the consent, a Release of Liability, Form DOC–2523, should be signed by the inmate and witnessed by the prescribing medical provider or a nurse.

1.1.5.4 The inmate may withdraw consent at any time by stating this intention to medical staff and signing a Release of Liability Form DOC–2523.

1.1.6 Orders for psychotropic medication will not be valid for more than thirty (30) days in an inpatient Mental Health Unit, or for thirty (30) days with two (2) refills on an outpatient basis.

1.1.6.1 Medications will not be renewed without a reevaluation of the inmate by a psychiatrist, physician, or mid-level practitioner.

- A progress note in the inmate's medical file on Form DOC–2585, Mental Health Progress Note, will accompany each medication renewal, documenting the reason and rationale for the renewal.

1.1.7 When an inmate is on psychotropic medications, the nurse administering the medication will inquire about side effects/adverse reactions. Should significant side effects occur, the nurse will contact the on-call physician for instructions.

1.1.8 The selection of a specific drug or combination of drugs for an inmate is the decision of the prescribing medical provider; however, simplicity of drug regimens is a goal of management.

1.1.8.1 If an inmate receives two drugs from the same category at the same time, e.g., two antipsychotic or two antidepressant drugs, the provider should document the short- and long-term rationale for this choice in the Medical Record Form DOC–2585, Mental Health Progress Note.

1.1.8.2 The provider will make every effort to prescribe psychotropic medications from the current approved formulary. **(3-4341)**

- The provider for a specific inmate on Form DOC-2580, Non-Formulary Drug Request, must request prescriptions for drugs outside of the formulary.

- The request must include a rationale for prescribing a non-formulary drug as opposed to a drug from the formulary.

- The request should be approved by the Medical Director prior to prescribing the medication for the inmate.

1.1.9 Inmates on long-term phenothiazines and related antipsychotic drugs will be screened for tardive dyskinesia by a nurse or the prescribing medical provider at least once every three months.

- The results of the screening will be recorded in the inmate's medical file on Form DOC–2507, Dyskinesia Monitoring (AIMS).

1.2 Involuntary Use of Psychotropic Medications

1.2.1 If an inmate refuses a psychotropic medication or revokes consent, the prescribing medical provider may order that an inmate be taken before the Medical Review Panel to consider involuntary medication.

1.2.2 No medication may be administered involuntarily, pending review, except in an emergency. **(3-4372)**

1.2.2.1 An emergency requires immediate action to prevent inmates from seriously harming themselves or others as a result of a mental illness.

1.2.2.2 A physician's order is required to administer involuntary psychotropic medication in an emergency. When such an order is given, a Medical Review Panel will automatically be scheduled as described below.

1.2.3 If psychotropic medication is administered involuntarily in an emergency situation, the inmate will be reviewed as soon as possible within thirty (30) days by the independent Medical Review Panel to determine if there is a need for continued medication. This review is required.

1.2.3.1 If the Medical Review Panel determines that psychotropic medication does not need to be administered involuntarily, the medication will be discontinued, and the inmate may only be medicated voluntarily.

1.2.4 If the Medical Review Panel determines that psychotropic medication need to be administered involuntarily, the inmate is required to take all psychotropic medication as prescribed by the provider. This may include injectable forms of some medications.

1.2.5 Inmates on involuntary psychotropic medication will be reviewed by the Medical Review Panel every 180 days.

1.3 Medical Review Panel

1.3.1 The Medical Review Panel will consist of the Warden/designee, a

psychiatrist and a psychologist from the Department. These staff members will not, at the time of the hearing, be involved in the inmate's diagnosis or treatment.

1.3.2 Inmates will be provided a minimum of twenty-four (24) hours advance notice of the review, and notice of the right to participate as follows:

1.3.2.1 The inmate should be present at the review.

1.3.2.2 Outside counsel is not permitted and the inmate will be provided with a staff advocate for assistance in the hearing.

1.3.2.3 The inmate will be allowed to present objections to taking medication.

1.3.3 Form DOC–2608, Medical Review Panel, Involuntary Medications, will be completed by a Department mental health professional familiar with the inmate's case and presented at the panel.

- The form will include information on the inmate's current mental status, diagnosis, and treatment plan, alternatives to medication, probable side effects of the medication, deterioration that can be expected to occur without medication, and the inmate's objections to the medication.

1.3.4 Members of the panel may question the inmate, and staff members may present information supporting the inmate's need for medication.

- The rules of evidence do not apply in these hearings.

1.3.5 The panel will determine whether psychotropic medication needs to be administered involuntarily or not.

1.3.6 The panel may approve involuntary administration of psychotropic medication if it is determined that the medication is a necessary part of the inmate's treatment plan and that the following conditions exist:

1.3.6.1 The inmate has a psychiatric disorder for which medication is a recognized treatment adjunct to improve symptoms, prevent deterioration, and improve the safety and security of the inmate, the staff, and the institution.

1.3.6.2 The inmate is gravely disabled, and/or a danger to self or others, and is unable to give consent for treatment due to the psychiatric disorder.

1.3.7 The panel's decision will be recorded by a panel member on Form DOC–2608, Medical Review Panel, Involuntary Medications, and placed in the inmate's medical file.

1.3.8 The inmate will be verbally informed of the panel's decision at the time of the hearing.

REFERENCES

ACA Standards 3-4328, 3-4336, 3-4337, 3-4340, 3-4341, 3-4342, 3-4344, 3-4345, 3-4349, 3-4372, and 3-4377.

ATTACHMENTS

Consent for Psychotropic Medication, DOC - 2596
Dyskinesia Monitoring (AIMS), DOC - 2507
Medical Review Panel, Involuntary Medications, DOC - 2608
Mental Health Evaluation, DOC - 2615
Mental Health Progress Note, DOC - 2585
Non-Formulary Drug Request, DOC - 2580
Parole Board Report, DOC - 2614
Physician's Orders, DOC - 2518
Release of Liability, DOC - 2523
Segregation Psychological Evaluation, DOC - 2572

_____ _____
Jackie Crawford, Director Date

_____ _____
Ted D'Amico, D.O., Medical Director Date

CONFIDENTIAL ___ XX
Yes No

THIS PROCEDURE SUPERSEDES ALL PRIOR WRITTEN PROCEDURES ON THIS SPECIFIC SUBJECT.